



Date: _____

Property: _____

Social Security Number: _____ - _____ - _____

APPLICATION FOR EMPLOYMENT

NAME: _____
LAST FIRST MIDDLE (Maiden or Other)

E-MAIL ADDRESS: _____

PERMANENT ADDRESS: _____
STREET CITY/ST/ZIP

HOME TELEPHONE: (_____) _____ - _____ ALTERNATE TELEPHONE : (_____) _____ - _____

ADDITIONAL CONTACT INFORMATION: _____

POSITION(S) applying for: (1) _____ (2) _____ (3) _____

Full Time (35+ hrs) Part Time (20-34.9 hrs) Temporary Seasonal Other: _____

Please list the days/hours you are available to work:

	MON	TUE	WED	THU	FRI	SAT	SUN
AM							
PM							

Can you work: (check all that apply)

Days Nights/Evenings Weekends Holidays Overtime Split shift Other: _____

Have you ever *APPLIED* for employment at Cusat's Café or Cusat's Grill YES NO

If YES, which property: _____

Have you previously *WORKED* at Cusat's Café or Cusat's Grill YES NO

If YES, which property: _____ FROM: _____ TO: _____

Reason(s) for leaving: _____

Do you possess a current State Racing, Lottery, and/or Gaming License? YES NO

If YES, provide Badge Number and expiration date: _____

Do you have any relatives that currently work at Cusat's Café or Cusat's Grill YES NO

If YES, provide name(s) and property (ies): _____

Are you 18 or over? YES NO If NO, Can you furnish a work permit? YES NO

Are you 21 or over? YES NO

Have you ever been *CONVICTED* of a felony? YES NO

If YES, please explain: _____

Are you *LEGALLY ALLOWED* to work in the U.S.? YES NO

If hired, Federal Law requires documentation verifying your identity and legal authorization to work in the U.S.

EMPLOYMENT HISTORY

Please list your most RECENT employment FIRST – DO NOT WRITE "SEE RESUME"

(1) COMPANY NAME:		MAY WE CONTACT AS A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STREET/CITY/STATE/ZIP:		PHONE:	
SUPERVISOR'S NAME:		SUPERVISOR'S JOB TITLE:	
YOUR POSITION:		START DATE:	END DATE:
PRIMARY DUTIES:			
WERE YOU EVER DISCIPLINED, WARNED, OR COUNSELED ABOUT JOB PERFORMANCE, ABSENTEEISM, TARDINESS OR POLICY VIOLATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:			
REASON FOR LEAVING: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged <input type="checkbox"/> Other:		STARTING SALARY:	ENDING SALARY:

(2) COMPANY NAME:		MAY WE CONTACT AS A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STREET/CITY/STATE/ZIP:		PHONE:	
SUPERVISOR'S NAME:		SUPERVISOR'S JOB TITLE:	
YOUR POSITION:		START DATE:	END DATE:
PRIMARY DUTIES:			
WERE YOU EVER DISCIPLINED, WARNED, OR COUNSELED ABOUT JOB PERFORMANCE, ABSENTEEISM, TARDINESS OR POLICY VIOLATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:			
REASON FOR LEAVING: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged <input type="checkbox"/> Other:		STARTING SALARY:	ENDING SALARY:

(3) COMPANY NAME:		MAY WE CONTACT AS A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STREET/CITY/STATE/ZIP:		PHONE:	
SUPERVISOR'S NAME:		SUPERVISOR'S JOB TITLE:	
YOUR POSITION:		START DATE:	END DATE:
PRIMARY DUTIES:			
WERE YOU EVER DISCIPLINED, WARNED, OR COUNSELED ABOUT JOB PERFORMANCE, ABSENTEEISM, TARDINESS OR POLICY VIOLATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:			
REASON FOR LEAVING: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged <input type="checkbox"/> Other:		STARTING SALARY:	ENDING SALARY:

Please explain briefly any gaps in employment that are (4) four weeks duration or more.

FROM	TO	Explanations of Unemployment (If you need additional space, use a separate sheet.)

EXPERIENCE/SKILLS

Please check any skill/experience you possess and indicate the number of years:

Skill	Yrs	Skill	Yrs	Skill	Yrs	Skill	Yrs
<input type="checkbox"/> Accounting		<input type="checkbox"/> A/C Refrigeration		<input type="checkbox"/> Microsoft Word - WPM:		<input type="checkbox"/> Grounds Keeping	
<input type="checkbox"/> Waitress / Server		<input type="checkbox"/> Painting / Carpentry		<input type="checkbox"/> Microsoft Excel		<input type="checkbox"/> Warehouse Work	
<input type="checkbox"/> Cook / Food Preparation		<input type="checkbox"/> Electrical		<input type="checkbox"/> Microsoft Access		<input type="checkbox"/> Seamstress / Tailor	
<input type="checkbox"/> Customer Service		<input type="checkbox"/> Mechanical		<input type="checkbox"/> Data Entry - SPM:		<input type="checkbox"/> Valid Drivers License	
<input type="checkbox"/> Foreign Language: <input type="checkbox"/> Written <input type="checkbox"/> Spoken		<input type="checkbox"/> Plumbing		<input type="checkbox"/> Cash Register / Money Handling		<input type="checkbox"/> Valid CDL Class A / B / C	
<input type="checkbox"/> Computer		<input type="checkbox"/> Security		<input type="checkbox"/> CPR/ First Aid Training		<input type="checkbox"/> Other:	

EDUCATION

EDUCATION	NAME/LOCATION	MAJOR / COURSES	LAST YEAR COMPLETED				GRADUATED?	DEGREE
HIGH SCHOOL			9	10	11	12	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRAD SCHOOL			1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER			1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

OTHER INFORMATION

List any other schooling or training, including training received in the armed forces, which may relate to the type of job you are seeking. Please include any job related certificates or licenses you hold or any other job related equipment you operate.

List any professional, trade, business or civic associations (you may exclude membership(s) which would reveal gender, race, religion, national origin, age, disability, or other protected status) or list any additional information you would like us to know.

LIST 3 BUSINESS OR EDUCATION REFERENCES:

NAME	TITLE	PHONE	YRS KNOWN
1. _____	_____	() - _____	_____
2. _____	_____	() - _____	_____
3. _____	_____	() - _____	_____

Wage/ Salary Requirements: \$ _____

Date Available to Start: _____

POST-OFFER, PRE-EMPLOYMENT BACKGROUND CHECKS AND DRUG TESTING REQUIRED FOR EMPLOYMENT

INCOMPLETE APPLICATIONS FOR EMPLOYMENT WILL NOT BE CONSIDERED

**APPLICATIONS FOR POSITIONS THAT ARE NOT AVAILABLE AT THE TIME YOU APPLY
WILL NOT BE CONSIDERED**

NOTICE: TITLE 15 OF THE U.S. CODE, SECTION 1681 AND FOLLOWING, REQUIRE THAT WE ADVISE YOU THAT ROUTINE INQUIRY MAY BE MADE WHICH WILL PROVIDE APPROPRIATE INFORMATION REGARDING CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING. UPON WRITTEN REQUEST, ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF ONE IS MADE, WILL BE PROVIDED.

I UNDERSTAND THAT THIS APPLICATION WILL BE ACCEPTED BY THE COMPANY SUBJECT TO THE FOLLOWING CONDITIONS:

- 1) I voluntarily give the Employer the right to conduct a complete background investigation and agree to cooperate in such investigation. I authorize schools, references, prior employers and physicians and other medical practitioners to provide my records, reasons for leaving employment and any other information concerning me to Cusat's. I release such parties from all liability for claims for damages, which I may or shall have against them for supplying such information.
- 2) I consent to take a post-offer drug test. An offer of employment may be contingent upon passing a post-offer drug test. A provider selected and paid for by the Company will conduct the drug test at the Company's expense.
- 3) If employed, I agree to comply with all company rules and to wear uniforms and/or costumes or use protective clothing or equipment as required by the Employer.
- 4) I further understand that any misrepresentation or omission of requested information by me on this application or any supplement thereto, or in connection with the above-mentioned investigation, will be sufficient grounds for immediate discharge, even if discovered after I am employed. I further understand that causing others to misrepresent information on my behalf in relation to the investigation shall also be grounds for dismissal.
- 5) I hereby agree that, if employed, I will not divulge any information confidential to this company or any of its subsidiaries or affiliates while employed or at anytime thereafter.
- 6) Unless my employment is subject to a collective bargaining agreement or separate contract, I agree that, if employed, I will be an employee at will. Accordingly, either Cusat's or I may terminate the employment relationship at any time, for any reason, or no reason.

I understand and agree that I must produce applicable documents showing that I am a United States citizen or alien lawfully authorized to work in the United States, within the time frame specified by the Company, to meet the Immigration Reform and Control Act of 1986 requirements. If I fail to comply with any of the requirements set forth above, I understand that an offer of employment will be rescinded or my employment will be terminated.

How were you referred to Cusat's Café or Cusat's Grill

- Newspaper: _____ School: _____ Agency: _____ Walk-in
- Relative/Friend: _____ Website: _____ Job Fair Other: _____

My signature certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's Signature

Today's Date

* This application will remain on file for one year.

Revised 5/21/2004

I agree to fill out this document
 I do not want to fill out this document

EEOC - VOLUNTARY INFORMATION FORM

PERSONAL AND CONFIDENTIAL

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex, and type of position for which an individual applies. The information requested on this sheet is for compliance with certain record keeping requirements. Cusat's Grill is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status or any other classification protected by Federal, State, or Local law.

PLEASE PRINT:

Date: ____ / ____ / ____

Position Applied For: _____

Gender: Male Female Date of Birth: ____ / ____ / ____

ETHNIC GROUP: Please check one of the descriptions below corresponding to the ethnic group with which you most identify:

BLACK: Not of Hispanic or Latino origin.

HISPANIC or LATINO: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin.

ASIAN or PACIFIC ISLANDER: All persons having origins in any of the original people of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands.

AMERICAN INDIAN or ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

WHITE: Not of Hispanic or Latino origin.

AUTHORIZATION FORM FOR CONSUMER REPORTS

In connection with your application for employment (including contract for services), understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on you including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and others. These reports will include experience information along with reasons for termination of past employment. Further, understand that information from various Federal, State, local and other agencies which contain your past activities will be requested.

By signing below, you hereby authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your employment (or contract). You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

You have the right to make a request of First Advantage, upon proper identification and the payment of any legally permissible fees, for the information in its files on you at the time of your request.

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish First Advantage with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the consumer report, if one is obtained, please check this box. If checked and you are a California applicant, a copy of the consumer report will be sent within three (3) days of the employer receiving a copy of the consumer report.

For California applicants only, if public record information about your character, general reputation, personal characteristics, and mode of living is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information within seven (7) days of the employer's receipt unless you check this box where you hereby waive your right to obtain a copy of the consumer report.

Print your Name: _____

Street Address: _____

City: State: Zip: _____

Social Security Number: _____

Drivers License State: License Number: _____

The following is for identification purposes only to perform the background check:

Date of Birth (MM/DD/YYYY): _____ Race: _____ Gender (M or F): _____

Other or Former Names: _____

Professional License: _____ State: _____ Type: _____ Number: _____

Signature: _____ Date: _____

**NOTICE TO APPLICANTS/EMPLOYEES REGARDING
CONSUMER REPORTS**

A consumer report and/or an investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living, and/or credit and indebtedness may be obtained in connection with your application for and/or continued employment with the company. **A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with the Company.** Upon timely written request of the Personnel Department of the Company, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

By signing below, I indicate that I understand the rights explained in this notice and consent to the company obtaining consumer reports in relation to my employment.

Print your name

Signature

Date